

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 127a
Registered No. 56

1. PLACE OF BIRTH

County Mila State Arizona
District or Township _____ or Village _____
City Miami No. 40 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Guzman (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY In event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth Feb. 25-1932
Month Day Year

8. FATHER
Full name Francisco Guzman
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

13. Occupation
Nature of Industry Mining

14. MOTHER
Full maiden name Maria P. Campos
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Mex. 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Jalisco Mex.
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 8 (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year 4-15-225-432 Filed Mch 11, 1932 E. E. Orman
Registrar Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.